## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$98820

(1)

A BACKFLOW CERTIFICATION CO.

810 NE 24 ST	610 NE 24 ST
POMPANO BEACH FL 33064	POMPANO BEACH FL 33064-6402
Principal Place of Business	Mailing Address

## **FILED** Apr 18 1997 8:00am Secretary of State



, Principal Plac	e or Business	Mailing Address						
POMPANO BEACH FL 33084 610 NE 24 ST POMPANO BEACH FL 33064-64		064-6402						
					3. Date Incorporated or Qualified 12/09/1991	flied 3a. Date of Last Report 04/18/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	ļ	Applied For	
21 26							Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired Security Securi				
City & State City & Sta					Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip Country		ry	This corporation has liability for in			
24			[30]		Florida Statutes Yes X No			
	9. Name and Address of Curren	l Registered Agent		. 1	10. Name and Address of New Reg	istered Agent		
LEOTAND, WILLIAM F.					81 Name			
	4875 N FEDERAL HIGHWAY TENTH FLOOR			2 Street	Address (P.O. Box Number is Not Acceptabl	c)		
	AUDERDALE FL 33308		8:	3				
	SAUDENDALE I E 00000							
			84	4 City		FL   85   7	ip Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the abou	ve-named	corporation submits this statement for the poration's board of directors. I hereby accep	rpose of changing	j its registered	
agent. I a	im familiar with, and accept the obliga	itions of, Section 607.0505, Fi	aumonzeu d Iorida Statute	ay the con os.	noration's board of dijectors, i nereby accept	the appointment	as registered	
SIGNATURE								
ļ	Signature, typod or printed name of registered ager OFFICE RS ANE			gent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE DIDECT	050 11 40	
,12. ∙MILE	P OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Chang		
NAME	BAILEY, JAMES	E.J Ottere	1.2 NAME			ополу	o Emilioni	
STREET ADDRESS	610 NE 24 ST			1 ADDRESS			9	
CITY-ST-ZIP	POMPANO BEACH FL		14 Cily	}			.	
TITLE	V	DELETE	2 1 1174.			Charig	e 🔲 Äddition	
NAME	Posey, Thomas R. Jr	· · · · · · · · · · · · · · · · · · ·					]	
STREET ADDRESS	610 N.E. 24TH STREET		2.3 STREE	LADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY	- S1 - Z(P				
TITLE	S	S DITEIE 3.110				Chang	e	
NAME	BAILEY, FRANKIE V.		3.2 NAME				ŀ	
STREET ADDRESS	610 NE 24 ST		3.3 STREE	LADORESS				
CITY-ST-ZIP	POMPANO BEACH FL			-SI - 21P		Chang	e Addition	
NAME		T) butter	4.1 TITLE 4.2 NAM	.		<b>—</b> гонану	nominow [] a	
STREET ADORESS				T ADDRESS				
CITY-ST-ZIP			4.3 STREE				1	
TITLE		DELETE	5.17(1)E	01-211		Chang	e 🔲 Addition	
NAME		-	5.2 NAME				-	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP	<u> </u>		5.4 CHY-	i				
TITLE		DELETE	61 TITLE			Chang	e 🔲 Addition	
NAME			6.2 NAM[					
STREET ADDRESS			6.3 STREE	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY					
14. I do heret	by certify that the information supplied	with this filing does not gual	ify for the ex	emption st	lated in Section 119.07(3)(i), Florida Statutes	I further certify th	at the	

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.